



# 2017-2018 Preschool REGISTRATION FORM

Registration opens February 6 for current students, March 6 for new students.

## Class Preference

- ☐ AMKL  
☐ AMLL  
☐ PM

## HOW TO REGISTER

<b>WALK-IN</b> Registrations are processed during normal business hours at the Community and Cultural Center. For registration questions please call 408.782.0008	<b>Preschool Registration Requirements:</b> <input type="checkbox"/> Proof of child's age (Birth Certificate)-Copy <input type="checkbox"/> Proof of valid child's Immunization Record-Copy <input type="checkbox"/> Voided check to set up automatic payments <input type="checkbox"/> First month tuition payment	<b>First month tuition payment is required to hold your spot for September. See cancellation policy below.</b>
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## CONTACT INFORMATION

<b>NAME (ADULT):</b>		<b>HOME PHONE :</b>	
<input type="checkbox"/> PARENT <input type="checkbox"/> GUARDIAN <input type="checkbox"/> GRANDPARENT <input type="checkbox"/> SELF		<b>WORK PHONE :</b>	
<b>ADDRESS/CITY/ZIP:</b>		<b>CELL PHONE:</b>	
<b>E-MAIL ADDRESS:</b>		<b>EMERGENCY:</b>	
<b>STUDENT'S FIRST &amp; LAST NAME</b>	<b>MEMBER #</b>	<b>BIRTHDATE</b>	<b>CLASS NAME</b>
			September 2017 Tuition/First Month
<b>TOTAL FEE:</b>			<b>\$</b>

## SEPTEMBER 2017/FIRST MONTH PAYMENT INFORMATION

<input type="checkbox"/> <b>Cash</b>	<input type="checkbox"/> <b>Check</b> (payable to "City of Morgan Hill")
<input type="checkbox"/> <b>Credit Card</b> I hereby authorize the use of my: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard   ACCOUNT NO. _____	
PRINT NAME (as it appears on card): _____ EXPIRATION DATE (MO/YR): _____	

## CANCELLATION POLICY

### PARENT INITIALS REQUIRED:

\_\_\_\_\_ I understand that cancellation notices received on or before August 1<sup>st</sup> will receive a refund, minus a cancellation fee of \$100. Cancellation notices received on or after August 2<sup>nd</sup> will forfeit all monies paid to date.

## LIABILITY RELEASE

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA and City of Morgan Hill (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in recreation programs including classes where the participants supply their own equipment, or participation in any off-site program affiliated with the YMCA or City of Morgan Hill, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA or City of Morgan Hill for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment, including equipment supplied by the participant, thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA AND CITY OF MORGAN HILL FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE RECREATION PROGRAM AFFILIATED WITH THE YMCA OR CITY OF MORGAN HILL, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, AND DISCHARGES the YMCA, its directors, officers, employees, and agents, and City of Morgan Hill elected officials, officers, employees, agents and representatives (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment, including equipment supplied by the participant, therein or participating in any program affiliated with the YMCA or City of Morgan Hill.
2. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY CONVENANTS NOT TO SUE either the YMCA, its directors, officers, employees, and agents, or City of Morgan Hill elected officials, officers, employees, agents and representatives (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment, including equipment supplied by the participant, therein or participating in any program affiliated with the YMCA or City of Morgan Hill.
3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA or City of Morgan Hill premises or in any way observing or using any facilities or equipment, including equipment supplied by the participant, of the YMCA or City of Morgan Hill or participating in any program affiliated with the YMCA and City of Morgan Hill whether caused by the negligence of the releasees or otherwise.
4. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA or City of Morgan Hill and/or while using the premises or any facilities or equipment, including equipment supplied by the participant, thereon or participating in any program affiliated with the YMCA or City of Morgan Hill.
5. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY consents to and authorizes the use and reproduction of any and all photographs and video which have been taken of the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for the promotional purposes of the YMCA and City of Morgan Hill, or anyone authorized by the YMCA or City of Morgan Hill. The undersigned understands that no reimbursement will be given for allowing the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin's photo or video to be taken and the use of the photo or video.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. **I HAVE READ THIS RELEASE.**

☐ Participant   ☐ Parent/Guardian SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



## **2017-2018 EMERGENCY/HEALTH HISTORY FORM**

(please print clearly)

**Child's Name:** \_\_\_\_\_ **Child prefers to be called:** \_\_\_\_\_ **BOY:** \_\_\_\_\_ **GIRL:** \_\_\_\_\_

☐ Little Learners AM ☐ Kinder Learners AM ☐ PM Class

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

Please list any custody arrangements our staff should be aware of: \_\_\_\_\_

### **PARENTS/LEGAL GUARDIAN INFORMATION**

**Mom/Guardian Name:** \_\_\_\_\_ **Dad/Guardian Name:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Work Phone #:** \_\_\_\_\_ **Work Phone #:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Email** \_\_\_\_\_

Any past or present **medical history** we should be aware of?

Any **allergies** we should be aware of (Peanuts? Bees? Wheat? Dairy? Etc?)

Does your child have any special needs or other specific concerns we should be aware of?

Is your child a vegetarian? Or have any dietary restrictions?

### **EMERGENCY CONTACTS AND DROP-OFF/PICK-UP AUTHORIZATION**

In addition to parents/legal guardians listed above, the following people have my permission to pick up my child from the City of Morgan Hill Recreation Preschool:

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

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**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**NAME** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

We will care for your child until you or another adult named above arrives to proceed with checkout.

I agree the information listed above is accurate and current.

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

☐ Parent ☐ Legal Guardian



# 2017-2018 PRESCHOOL BANK DRAFT AUTHORIZATION FORM

**Student Name** (Please Print): \_\_\_\_\_

**Parent Name** (Please Print): \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

The City of Morgan Hill Preschool Program requires that automatic monthly tuition payments are made beginning on October 1<sup>st</sup> and ending on May 1<sup>st</sup>.

The first month payment (September) is made manually in person during registration.

## CANCELLATION & DOWNGRADE POLICY

Preschool fees are drafted on the 1<sup>st</sup> of each month. If we do not receive a cancellation request at least 15 days prior to the next draft date, the account will be drafted for the full amount and there will be no refunds issued. The cancellation will be processed the following month.

*ATTACH VOIDED CHECK HERE*

### PARENT INITIALS REQUIRED:

\_\_\_\_ Current preschool students who want to use the same bank account for the 2017-2018 school year, please initial that you approve the draft coming out of account: \_\_\_\_\_  
(enter last 4 numbers)

### BANK ACCOUNT INFORMATION

A voided check is needed to complete bank draft transaction. I understand that if my bank account has an NSF (sufficient funds not available), my account will be drafted at the next available draft.

\_\_\_\_\_  
**Name on Account (Please Print)**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Account Holder's Signature**

**Beginning on the** ☐ 1<sup>st</sup> **of** \_\_\_\_\_ (Enter Month)

**the following charges will be continuously drafted: \$\_\_\_\_\_ every month.**

I authorize the **City of Morgan Hill** to deduct a monthly charge from my financial institution in the amount listed above. I agree to give 15 days notice prior to my draft date, in writing, to the Community and Cultural Center to cancel or make any changes to my bank draft. I understand that if my bank draft is rejected, a \$25.00 service charge will be applied to my account.

### PARENT INITIALS REQUIRED:

\_\_\_\_ I understand that if I do not cancel Preschool enrollment at least 15 days prior to my scheduled draft date, my account will be drafted for the full amount and there will be **NO REFUND**.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Staff Signature:** \_\_\_\_\_

☐ New Membership

☐ Change